

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
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42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	0					
TOTAL DEP.			↓	↓	↓	
TOTAL CLAIMS	10					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58		0				
59		0				
60		0				
61		0				
62		0				
63		0				
64		0				
65		0				
66		0				
67		0				
68		0				
69		0				
70		0				
71		0				
72		0				
73		0				
74		0				
75		0				
76		0				
77		0				
78		0				
79		0				
80		0				
81		0				
82		0				
83		0				
84		0				
85		0				
86		0				
87		0				
88		0				
89		0				
90		0				
91		0				
92		0				
93		0				
94		0				
95		0				
96		0				
97		0				
98		0				
99		0				
100		0				
TOTAL IND.	1		↓	↓	↓	
TOTAL DEP.	9		↓	↓	↓	
TOTAL CLAIMS	10					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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